



Transportation Improvement Board
Application Form

98 - 4 - S - ____ (____) - ____
98 - 5 - T - ____ (____) - ____
For TIB Use Only

- ☐ **Central Puget Sound Public Transportation Account (CPSPTA)**
☐ **Public Transportation Systems Account (PTSA)**

Section 1: General Information

Program or Project Title _____

Lead Agency Name: _____

Address: _____

Contact Person: _____

Phone Number: _____ FAX Number: _____

Signature of Lead Agency
Chief Executive Officer _____

Participating Agency Name: _____

Address: _____

Contact Person: _____

Phone Number: _____ FAX Number: _____

Signature of Participating Agency
Chief Executive Officer _____

Participating Agency Name: _____

Address: _____

Contact Person: _____

Phone Number: _____ FAX Number: _____

Signature of Participating Agency
Chief Executive Officer _____

Participating Agency Name: _____

Address: _____

Contact Person: _____

Phone Number: _____ FAX Number: _____

Signature of Participating Agency
Chief Executive Officer _____

Section 2: Description of Program or Project

Describe the program or project, current conditions, reasons for the submittal, and specific problems the project / program addresses.

Describe current public involvement and public viewpoint if known. Indicate schedule of public meetings related to project development. Meaningful and timely public input is required.

Describe the program or project objectives, the type of work planned, and the anticipated construction / implementation start date.

Type of Project (check all that apply)

_____(a) non-capital planning activities

<div><div><div></div></div><div>(b) development of capital project</div><div></div></div> <div><div><div></div></div><div>(c) development of HCT system as defined in RCW 81.104.015</div><div></div></div> <div><div><div></div></div><div>(d) development of HOV lanes and related facilities</div><div></div></div> <div><div><div></div></div><div>(e) matching funds for federal or TIB project</div><div></div></div>	
Type of Modes (check all that apply and indicate % of requested CPSPTA/PTSA funds)	
<div><div><div></div></div><div>(a) Transit/paratransit</div><div></div></div> <div><div><div></div></div><div>(b) HOV other than transit</div><div></div></div> <div><div><div></div></div><div>(c) Passenger Rail or Ferry</div><div></div></div> <div><div><div></div></div><div>(d) Non-motorized Transportation</div><div></div></div> <div><div><div></div></div><div>(e) High Capacity Transit</div><div></div></div> <div><div><div></div></div><div>(f) Ridesharing Options</div><div></div></div> <div><div><div></div></div><div>(g) Other</div><div></div></div>	<div><div><div></div></div><div>%</div></div> <div><div><div></div></div><div>%</div></div> <div><div><div></div></div><div>%</div></div> <div><div><div></div></div><div>%</div></div> <div><div><div></div></div><div>%</div></div> <div><div><div></div></div><div>%</div></div> <div><div><div></div></div><div>%</div></div>
Start date for each phase:	<div><div><div>Planning</div><div></div></div><div>Design</div><div></div></div> <div><div><div>R/W</div><div></div></div><div>Const.</div><div></div></div> <div><div><div>Other</div><div></div></div></div>
Describe the status of each phase:	
<div></div>	
Area / Locale which would benefit from the project (attach a detailedvicinity map of proposed project).	
<div></div>	
Section 3: Financial Summary	
Lead Agency	
<div></div>	

Fund Source	Predesign	Design	Right of Way	Construction/ Implementation	Total
CPSPTA/PTSA Funds					
Federal Funds					
Private Funds					
Local Funds					
Other:					
Subtotal					
Participating Agency:					
Fund Source	Predesign	Design	Right of Way	Construction/ Implementation	Total
Federal Funds					
TIB Funds					
Local Funds					
Private Funds					
Other:					
Subtotal					
Total Program/ Project Costs					
Anticipated Completion Date					
Section 4: Self-Certifications (Thresholds)					
Is this program or project consistent with:					
A. Local, regional and state transportation plans If no, please explain why.				Yes <input type="checkbox"/>	No <input type="checkbox"/>

B. Local transit development plans			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain why.				
C. Local comprehensive land use plans			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain why.				
D. Does this program or project meet the objectives of:				
(1) Growth Management Act			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain why.				
(2) High Capacity Transportation Act			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain why.				
(3) Transportation Demand Management			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain why.				
(4) Commute Trip Reduction			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain why.				
(5) Federal and State Air Quality Requirements			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain why.				
(6) Americans with Disabilities Act and Washington State accessibility requirements			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain why.				
Section 5: Evaluation Criteria (Please refer to the guidelines.)				
(1) Multimodal - Describe why and how this project or program is multimodal (three or more modes). List the new modes of transportation accommodated by this project. Describe how this project will improve the connectivity, coordination and choices of moving people and goods; facilitates connection between the modes; facilitates non-motorized transportation options; improves regional coordination between systems, organizations, and providers and has a regional influence.				

(2) **Mobility** - Describe how this project or program will improve the mobility of people and goods. Identify the anticipated increase in HOV usage. How will it make better usage of facilities and/or systems that reduce user travel and cost? How will this project contribute to public transportation capacity increases? How is this project consistent with commute trip reduction and transportation demand management laws and guidelines. How will the project reduce rural isolation? How will project increase non-motorized market share?

(3) **Customer Satisfaction/Safety/Security** - Describe why and how this project or program supports public transportation customer satisfaction, safety, and security. Identify safety improvements, customer amenities such as lighting, communication/information systems, benches and other improvements that provide increased security for users.

(4) **Financial** - Does this project involve local match in excess of the minimum match or make use of public and/or private participation in excess of 5% of the total project cost? Identify the extent of funding leveraging. Explain how this project is ready to proceed. Have life cycle costing techniques been considered, please explain. The information contained in Section 3, Financial Summary, will be used in the scoring of this section.

(5) **Economic Development** - Does this project enhance economic development in the area? If so, how? Describe the enhancement of freight and good movement as it relates to economic development. Will this project promote new business and/or job development in the area? Does the project impact an economically distressed area as defined by the Department of Employment and Security, Labor, Market, Economic, and Analysis Branch? Will the project involve partnerships with business or private sector entities?

(6) **Environment** - Describe how this project or program enhances the environment. Explain how this project impacts energy efficiency, air quality, water quality, and noise reduction. Will this project require or include environmental mitigation?

(7) **Innovation** - Describe why and how this project or program is innovative. Identify new technologies or use of older technology in new ways. Identify new institutional relationships and/or new financial arrangements. Are innovations creative and transferable to other agencies and locations? If so, explain.

